# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4686

FORM JC/OH COVER SHEET PG 1

101011111111111111111111111111111111111	Suide explains how to complete this	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
ie JC/OH Instruction ( rm.	30lbs 04F	00020024	
CANDIDATE /	Judge Margaret NICKNAME LAST COOper	A. SUFFIX	OFFICE USE ONLY  Date Received
CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: APT / SUITE #:  P.O. Box 1748 Aust	city: STATE: ZIP CODE  tin TX 78767	Date Hand-delivered or Date Postmarked
Change of Address	FIRST	M	_
CAMPAIGN TREASURER	Velva	L.	Receipt # Amount
NAME	NICKNAME LAST	SUFFIX	Date Processed  Date imaged
	Price		ZIP CODE
5 CAMPAIGN TREASURER ADDRESS (Residence or business)	street address (NO PO BOX PLEASE); APT/S 1601 Ridgemont Drive	SUITE #: CITY: STATE:  Austin TX	78723
7 CAMPAIGN TREASURER PHONE 8 REPORT TYPE	AREA CODE PHONE NUMBER  ( 512 ) 451-0942  January 15 🔀 30th day before ele		15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
9 PERIOD COVERED	July 15 Sth day before elect  Month Day Year  7 1 00		Dev Yeard S
10 ELECTION	Month Day Year  11 / 07 / 00 Pri	inary Runoff  12 OFFICE SOUGHT (	X Genetal Sign September 1 (2) September 1 (2
11 OFFICE	Judge, 353rd District Co	ourt Judge, 353r	d District Cours
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign Candidates are required to disclose this information.  Name None known.  Address / PO Box: Apt. / Suite #; City; Sta		he candidate's prior consent or approval.  the direct campaign expenditure. **
additional pages			
l			

#### FORM JC/OH COVER SHEET PG 2

(512) 463-5800

C/OH NAME Judge	e Margaret A		5ACCOUNT # (Ethics Commission Mers) 00020024
NOTICE FROM POLITICAL	This box is for no	tice of political expenditures by political committees to support the can e without the candidate's or officeholder's knowledge or consent. Candi if they receive notice of such expenditures. ••	ididate / officeholder. These expenditures dates and officeholders are required to report
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAILES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	N \$ 100.00
	2. TOTAI	L POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,125.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		\$ -
	4. TOTA	L POLITICAL EXPENDITURES	\$ 13,213.28
CONTRIBUTION BALANCE	5. TOTAL OF TH	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST E REPORTING PERIOD	\$ 113,460.54
OUTSTANDING LOAN TOTALS	6. TOTAL	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	\$ -
8 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.	of perjury, that the accompanying report information required to be reported by r
	ANNIE AARON Notary Public, State of T My Commission Expire JULY 15, 2001	exas }	Candidate or Officeholder
	TAMP / SEAL ABOVE	Managed N. Cooper	, this the day
Sworn to and subscroot October		ertify which, witness my hand and seal of office.	
Chrie	aarur	Print name of officer administering oath	NOTAK 1 PUBLIC  Title of officer administering oath

SCHEDULE A (J)

			1 Total pages Scher	dule A(J):	
The Instruction	Guide explains how to complete this form.		٥		
THE MEANING THE			3 ACCOUNT # (Eth	ics Commission filers)	
FILER NAME	·	Ì	3 ACCOUNT # (EE)	Continuous in the continuous of the continuous o	
			00020024		
	garet A. Cooper		7 Amount of	8 In-kind contribution	
Date	5 Full name of contributorout-of-state PAC (ID#:		contribution (\$)	description(if applicable)	
7-5-00	Haynes & Boone PAC		\$1,000.00		
	6 Contributor address: City: State: Zip Code 901 Main Street, Ste. 3100 Dallas, TX 75202-3732		\$1,000.00	 	
Contributor's pr	law Firm		title		
1 Contributor's employer/law firm Haynes & Boone  12 Law firm of cont		ibutor's spouse (if an	y) 		
	a child, law firm of parent(s) (if any)				
13 II COMMINDUM IS	we write the second sec				
	Full name of contributorout-of-state PAC (ID#:		Amount of	In-kind contribution description(if applicable)	
Date	T dil fibilità di Comment		contribution (\$)	Description(ii appricable)	
7-8-00	Janet Monteros		}		
	Contributor address; City; State; Zip Code			1	
	8825 Francia Trail		4300 00	Ì	
	Austin, TX 78748		\$100.00	ì	
		The second second	title -		
Contributor's p	principal occupation	Contributor's job	) litte		
Attorney			ributor's spouse (if a	nv)	
Contributor's e	employer/law firm	Law IIIII or com	( )	···	
	alth Care HMO				
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)	
7-24-00	Brothers & Thomas, L.L.P.  Contributor address; City; State; Zip Code				
	650 Norwood Tower		\$500.00	I	
	114 West 7th St.			I.	
	Austin. TX 78701		_1		
Contributors	principal occupation	Contributor's jo	ob title		
			ntributor's spouse (if	env)	
Law Firm			TENDUTOES SDOUSE (III -	B117/	
Law Firm Contributors	employer/law firm	- Law time of cor			

1-800-325-8506

Austin, Texas 78711-2070

	PLEDGE	D CONTRIBUTION	S (JUDICIAL)		;	SCHEDULE <b>B (J)</b>
	The Instruction	GUIDE explains how to comp	elete this form.		1 Total pages Sch	edule B(J):
2	FILER NAME			3 ACCOUNT # (E	thics Commission filers)	
_		garet A. Cooper			00020024	
_	<del></del>		DOEO.	<b>2 2 2</b>	<b></b>	•
4	TOTAL	OF UNITEMIZED PLE	DGES: ⇒		<u> </u>	\$
5	Date	6 Full name of pledgor	Out-of-state PAC (ID#:		g Amount of pledge (\$)	9 In-kind description (if applicable)
	9–5–00	John Campbell Pledgor address: 805 West 10th S Austin, TX 7870	treet		\$500.00	(ii applicative)
10	Pledgor's princ	ipal occupation		11 Pledgor's job title	•	,
	Attorney Pledent's employer/law firm 13 Law firm of pled			orte enouse (if any)	·	
12	12 Pledgor's employer/law firm Campbell & Morgan, P.C.			jor a spouse (ii diry)		
14		child, law firm of parent(s) (if an	y)			. " .
						In-kind description
	÷	Pledgor address;	City; State; Zip Code		piedge (\$)	(if applicable)
	Pledgor's princ	ipal occupation		Pledgor's job title	<del>}</del>	
	Pledgor's empl	oyer/law firm		Law firm of pledg	gor's spouse (if any	)
	If pledgor is a	child, law firm of parent(s) (if an	у)	···		
	Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
				3		1 
	Pledgor's princ	ipal occupation		Pledgor's job title	e	
	Pledgor's emp	loyer/law firm	3	Law firm of pled	gor's spouse (if any	)
	If pledgor is a	child, law firm of parent(s) (if ar	у)			

SCHEDULE A (J)

				duta ACD:	
The Instruction	Guide explains how to complete this form.		1 Total pages Sche		
			3 ACCOUNT # (Ethics Commission filers)		
2 FILER NAMI			00020024		
Judge Marg	aret A. Cooper		7 Amount of	8 In-kind contribution	
4 Date	5 Full name of contributor Out-of-easts PAC (ID#:		contribution (\$)	description(if applicable)	
7-24-00	Germer, Gertz, Beaman & Brown,	L.L.P.	[		
	6 Contributor address; City: State; Zip Code 805 Park St. Beaumont, TX 77701		\$500.00		
9 Contributor's	principal occupation	10 Contributor's job	b title		
Law Firm 12 Law firm of con			ibutor's spouse (if ar	y)	
11 Contributor's employer/law firm					
13 If contributor	is a child, law firm of parent(s) (if any)				
Date	Full name of contributor Out-of-state PAC (IDs:		Amount of contribution (\$)	In-kind contribution description(if applicable)	
8-10-00	Claude E. Ducloux  Contributor address: City: State: Zip Code 3512 Native Dancer Cove Austin, TX 78746		\$50.00	 	
Contributor's	principal occupation	Contributor's job	o title orney		
Attorney		1	ontributor's spouse (if any)		
Contributors	employer/law firm	Law Intil or Com	, 100to, o openio (		
Self _					
if contributor	is a child, law firm of parent(s) (if any)				
	Full name of contributor Out-of-state PAC (10#:_		) Amount of	In-kind contribution	
Date	, 5,, 1,5,, 1		contribution (\$)	description(if applicable)	
9-19-00	Herring & Irwin, L.L.P.		. [	1	
	Contributor address; City, State; Zip Code 806 West Avenue			İ	
	Austin, TX 78701		\$500.00		
Contributors Law Firm	principal occupation	Contributor's jo	b title		
	s employer/law firm	Law firm of con	tributor's spouse (if	any)	
If contributor	r is a child, law firm of parent(s) (if any)	-			
<u></u>					

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A (J)

2 FILER NAME Judge Margaret A. Cooper  4 Date 5 Full name of contributor	mount of ribution (\$)	8 In-kind contribution description(if applicable)
FILER NAME Judge Margaret A. Cooper  4 Date 5 Full name of contributor	mount of ribution (\$)	8 In-kind contribution description(if applicable)
Judge Margaret A. Cooper    Date   5	nount of ribution (\$)	description(if applicable)
Date   5 Full name of contributor   Dot-d-state PAC (ID#   Pacific   Pacif	00.00	description(if applicable)
6 Contributor address: City: State: Zip Code 5800 Round Table Cove Austin, TX 78746  9 Contributor's principal occupation Attorneys 11 Contributor's employer/law firm Bickerstaff, Heath, Smilev, Pollan, Kever 13 In Contributor's a child, law firm of parent(s) (if any)  Date 9-25-00 BM & OH Electo-PAC  Contributor's address: City: State: Zip Code 1400 Franklin Plaza 111 Congress Avenue Austin, TX 78701  Contributor's principal occupation Law Firm Contributor's employer/law firm Brown McCarroll & Cakes Hartline If contributor is a child, law firm of parent(s) (if any)  Date Full name of contributor  Brown McCarroll & Cakes Hartline If contributor is a child, law firm of parent(s) (if any)  Date Full name of contributor  Patricia A. English  Contributor address: City: State: Zip Code 515 Congress Avenue State: Zip Code State: Zip Code State: Zip Code	spouse (if an	·
Secontributor's principal occupation   Attorneys	spouse (if an	     
Attorneys  11 Contributor's employer/law firm  Bickerstaff, Heath, Smilev, Pollan, Kever Office of the 13 office of the 140 office of the 15 o		ıy)
11 Contributor's employer/law firm  Bickerstaff, Heath, Smilev, Pollan, Kever  Date  Full name of contributor  P-25-00  BM & OH Electo-PAC  Contributor's direction  Contributor's principal occupation  Law Firm  Contributor's employer/law firm  Brown MCCarroll & Oakes Hartline  If contributor is a child, law firm of parent(s) (if any)  Date  Full name of contributor  Contributor's principal occupation  Law firm of contributor's poblitile  Law firm of contributor's poblitile  Law firm of contributor's poblitile  Contributor's employer/law firm  Brown MCCarroll & Oakes Hartline  If contributor is a child, law firm of parent(s) (if any)  Date  Full name of contributor  P-25-00  Patricia A. English  Contributor address: Chy: State: Zip Code  515 Congress Avenue  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		ıy)
Bickerstaff, Heath, Smilev, Pollan, Kever Office of the    Since   Pollan   Pollan   Pollan   Pollan   Pollan		
Date Full name of contributor   Out-of-state PAC (ID#   Contributor's principal occupation   Law firm of contributor's principal occupation   Law firm of contributor's employer/law firm   Contributor is a child, law firm of parent(s) (if any)    Date Full name of contributor   Out-of-state PAC (ID#   Contributor's point it law firm   Contributor's employer/law firm   Law firm of contributor's employer/law firm   Law firm of contributor's employer/law firm   Contributor is a child, law firm of parent(s) (if any)    Date Full name of contributor   Out-of-state PAC (ID#   Contributor address: City: State; Zip Code   S15 Congress Avenue   S		
Date  Full name of contributor  9-25-00  BM & OH Electo-PAC  Contributor address: City: State: Zip Code 1400 Franklin Plaza 111 Congress Avenue Austin, TX 78701  Contributor's principal occupation  Law Firm  Contributor's employer/law firm  Brown MCCarroll & Oakes Hartline If contributor is a child, law firm of parent(s) (if any)  Date  Full name of contributor  Patricia A. English  Contributor address: City: State: Zip Code 515 Congress Avenue  \$5		
Pate Full name of contributor Contributor State: City: State: Zip Code    Contributor address: City: State: Zip Code     1400 Franklin Plaza     111 Congress Avenue     Austin, TX 78701     Contributor's principal occupation     Law Firm     Contributor's employer/law firm     Brown McCarroll & Oakes Hartline     If contributor is a child, law firm of parent(s) (if any)     Date   Full name of contributor   Contributor     9-25-00   Patricia A. English     Contributor address: City: State: Zip Code     515 Congress Avenue     State: Zip Code     State: Zip Cod	mount of	In-king contribution
Contributor address: City: State: Zip Code  1400 Franklin Plaza 111 Congress Avenue Austin, TX 78701  Contributor's principal occupation  Law Firm  Contributor's employer/law firm  Brown MCarroll & Oakes Hartline  If contributor is a child, law firm of parent(s) (if any)  Date  Full name of contributor  Patricia A. English  Contributor address: City: State: Zip Code 515 Congress Avenue  \$55	bibution (\$)	description(if applicable)
Contributor address: City: State: Zip Code  1400 Franklin Plaza 111 Congress Avenue Austin, TX 78701  Contributor's principal occupation  Law Firm  Contributor's employer/law firm  Brown MCarroll & Oakes Hartline  If contributor is a child, law firm of parent(s) (if any)  Date  Full name of contributor  Patricia A. English  Contributor address: City: State: Zip Code 515 Congress Avenue  \$55		1
1400 Franklin Plaza 111 Congress Avenue Austin, TX 78701  Contributor's principal occupation  Law Firm Contributor's employer/law firm Brown MCCarroll & Oakes Hartline If contributor is a child, law firm of parent(s) (if any)  Date Full name of contributor  Patricia A. English  Contributor address: City: State; Zip Code 515 Congress Avenue  \$5		
111 Congress Avenue Austin, TX 78701  Contributor's principal occupation Law Firm Contributor's employer/law firm Brown MCarroll & Oakes Hartline If contributor is a child, law firm of parent(s) (if any)  Date Full name of contributor  Date Full name of contributor  Contributor address: City: State; Zip Code 515 Congress Avenue  Contributor address: State; Zip Code State: State		
Austin, TX 78701  Contributor's principal occupation  Law Firm  Contributor's employer/law firm  Brown MCarroll & Oakes Hartline  If contributor is a child, law firm of parent(s) (if any)  Date  Full name of contributor  9-25-00  Patricia A. English  Contributor address: City: State; Zip Code  515 Congress Avenue  Contributor 25000 State  \$ \$	500.00	
Contributor's principal occupation  Law Firm  Contributor's employer/law firm  Brown MCCarroll & Oakes Hartline  If contributor is a child, law firm of parent(s) (if any)  Date  Full name of contributor  Patricia A. English  Contributor address; City, State; Zip Code  515 Congress Avenue  Contributor's job title  Contributor's job title  Law firm of contributor's job title  Can firm of contributor's job title  Law firm of contributor's job title  Law firm of contributor's job title  Law firm of contributor's job title		
Contributor's principal occupation  Law Firm  Contributor's employer/law firm  Brown MCarroll & Oakes Hartline  If contributor is a child, law firm of parent(s) (if any)  Date  Full name of contributor  9-25-00  Patricia A. English  Contributor address: City: State; Zip Code  515 Congress Avenue  Law firm of contributor  Contributor size PAC (ID#:  Cor		<u></u> -
Contributor's employer/law firm  Brown MCCarroll & Oakes Hartline  If contributor is a child, law firm of parent(s) (if any)  Date Full name of contributor Out-of-state PAC (ID#: cor  9-25-00 Patricia A. English  Contributor address: City: State; Zip Code 515 Congress Avenue		
Brown MCCarroll & Oakes Hartline  If contributor is a child, law firm of parent(s) (if any)  Date Full name of contributor	s spouse (if a	ny)
Date Full name of contributor		
Date Full name of contributor Out-of-state PAC (IDS: cor general paction of contributor address; City: State; Zip Code \$15 Congress Avenue \$	······································	
9-25-00 Patricia A. English  Contributor address: City: State; Zip Code 515 Congress Avenue		
9-25-00 Patricia A. English  Contributor address: City: State: Zip Code 515 Congress Avenue	Amount of	In-kind contribution description(if applicable)
Contributor address: City: State: Zip Code \$ 515 Congress Avenue \$	ntribution (\$)	description(" approximation
Austin. TX 78701	250.00	į
Contributor's principal occupation Attorney  Contributor's job title		
Contributor's employer/law firm  Noelke & English		
If contributor is a child, law firm of parent(s) (if any)		any)

1-800-325-8506

#### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

				Auto ACD:	
The Instruction	Guide explains how to complete this form.		1 Total pages Sched		
0 EU ED MASSE			3 ACCOUNT # (Eth	cs Commission filers)	
2 FILER NAME			00020024		
Judge Marg	aret A. Cooper	<u> </u>	7 Amount of	8 In-kind contribution	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:		contribution (\$)	description(if applicable)	
9-25-00	Wong & Wong, P.C.		İ		
:	6 Contributor address: City; State; Zip Code	••••	ĺ		
	500 West 6th Street				
	Austin, TX 78701		\$100.00	1 	
		10 Contributor's job			
-	rincipal occupation	10 Contributors loo			
Law Firm		12 Law firm of contr	ibutor's spouse (if any	y)	
11 Contributor's employer/law firm					
43. If contributor is	s a child, law firm of parent(s) (if any)			•	
13 ii communici					
Date	Full name of contributor Out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)	
			Commission (9)	1	
9-25-00	Von Kreisler & Swanson, P.C.		1	1	
	Contributor address: City: State; Zip Code 610 West Lynn		İ	1	
	Austin, TX 78703		\$100.00		
Contributor's	principal occupation	Contributor's job	title		
Law Firm			Law firm of contributor's spouse (if any)		
Contributor's	employer/law firm	Law firm of cont	noutors spouse (if ar		
If contributor	s a child, law firm of parent(s) (if any)				
	Full name of contributor Que-of-state PAC (ID#		Amount of	In-kind contribution	
Date	Full name of contributorout-of-state PAC (IDM:		contribution (\$)	description(if applicable)	
9-25-00	Chris Dorbandt & Assoc. PLIC		.↓	1	
1	Contributor address: City; State; Zip Code	0.3	1	1	
	8303 N. Mopac Expwy., Ste. A-1	ÛΤ	\$100.00	1	
	Austin, TX 78759		3100.00		
Contributor's	principal occupation	Contributor's jo	b title		
Law Firm		1 000 500 00 000	tributor's spouse (if a	m/)	
	employer/law firm	Law firm of con	rimaroi a abonae (n e		
le acatala, de-	is a child, law firm of parent(s) (if any)	1.			
ii contributor	is a child, law little of parents (Control of the Control of the C				

Austin, Texas 78711-2070

SCHEDULE A (J)

1-800-325-8506

### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

	·			
	N GUIDE explains how to complete this form.		1 Total pages Scho	idule A(J):
The Instruction	N Guide explains now to complete and re-		<u> </u>	
2 FILER NAME			3 ACCOUNT # (Et	nics Commission filers)
	aret A. Cooper	İ	00020024	
4 Date	5 Full name of contributor Out-of-state PAC (IDS:		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
	Ā		CONTRODUCTI (3)	good provide approved,
9-12-00	Velva L. Price			<u> </u>
معتدد	6 Contributor address: City: State: Zip Code 1601 Ridgemont St. Austin, TX 78723		\$300.00	   mailing labels
				<u> </u>
9 Contributor's principal occupation Attorney  10 Contributor's job		title		
11 Contributor's employer/law firm Don Kothmann & Assoc.			butor's spouse (if a	) 
		l		<del></del>
13 If contributor is	s a child, law firm of parent(s) (if any)			
			Amount of	In-kind contribution
Date	Full name of contributorout-of-state PAC (ID#:		contribution (\$)	description(if applicable)
9-27-00	Warren Law Firm	rren Law Firm		i
	Contributor address; City; State; Zip Code			T .
	3930 Bee Caves Road, Ste. A		ł	1
	Austin, TX 78746		\$100.00	
	Addedity in vote			
Contributors	principal occupation	Contributor's job	title	
law Firm		Law firm of contributor's spouse (if any)		
	employer/law firm	Law firm of cont	nbutors spouse (11 #	my)
If contributor	is a child, law firm of parent(s) (if any)			
			Amount of	In-kind contribution
Date	Full name of contributor Out-of-state PAC (ID#:		contribution (\$)	description(if applicable)
9-27-00	Gregory L. Ceshker, P.C.			i t
9-27-00	Contributor address; City, State; Zip Code		``	; 
	400 West 15th Street, Suite 10	00		1
	Austin TX 78701		\$100.00	- <u> </u>
	Austin, in 10102		<u> </u>	
	principal occupation	Contributor's joi	b title	
Law Firm	employer/law firm	Law firm of cont	tributor's spouse (if	eny)
Contributors	employer/law firm	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
If contributor	is a child, law firm of parent(s) (if any)			
	The second secon			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

(512) 463-5800 1-800-325-8506

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages S9	
			3 ACCOUNT # (Et	sics Commission filers)
2 FILER NAME Judge Marga	aret A. Cooper		00020024	
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
9-27-00	Rhea & Rodman, L.L.P.			j
. · ·	6 Contributor address: City: State: Zip Code 2003 North Lamar, Suite 100 Austin, TX 78705		\$100.00	
9 Contributor's p	rincipal occupation	10 Contributor's job	title	
Law Firm			husada anguan (M	n/\
11 Contributor's employer/law firm 12 Law firm of c		12 Law firm of contri	ibutors spouse (ii ar	ر <del>لا</del> ا
13 If contributor is	a child, law firm of parent(s) (if any)	1		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description(if applicable)
9-27-00	Patrick O. Keel		Contribution (4)	
	1603 Westover Road  Austin, TX 78703-1913		\$250.00	
Contributor's p	principal occupation	Contributor's job	title	
	employer/law firm	Law firm of contributor's spouse (if any)		
	s a child, law firm of parent(s) (if any)			
			Amount of	In-kind contribution
Date	Full name of contributorout-of-state_PAC (ID#:		contribution (\$)	description(if applicable)
9-27-00	Sally B. Wittliff		-	1
	Contributor address; City: State; Zip Code 1301 Kent Lane			!
	Austin, TX 78703		\$100.00	1.
Contributors	principal occupation	Contributor's job	> title	<u></u>
Attorney	principal occupation			
	employer/law firm	Law firm of cont	ributor's spouse (if a	.ny)
	s a child, law firm of parent(s) (if any)			<u></u>

SCHEDULE A (J)

The Instruction	N GUIDE explains how to complete this form.		1 Total pages 9 Jule A(J):		
<del></del>			3 ACCOUNT # (Ethi	cs Commission filers)	
2 FILER NAME Judge Marga	eret A. Cooper		00020024		
	5 Full name of contributor Out-of-state PAC (IDIE:		, , , , , , , , , , , , , , , , , , , ,	8 In-kind contribution description(if applicable)	
4 Date	5 Full liable of control and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a		contribution (\$)	description(ii applicable)	
9-27-00	Capitol Area Trial Lawyers Asso	c. PAC	!		
	6 Contributor address; City; State; Zip Code 1220 Colorado St.		1		
			\$675.00		
	Austin, TX 78701				
	<u> -</u>	10 Contributor's job	title		
•	principal occupation				
Attorneys		12 Law firm of contr	ributor's spouse (if any	<i>(</i> )	
11 Contributor's	ea Trial Lawyers Assoc.				
Capitul Air	s a child, law firm of parent(s) (if any)				
13 If contributor is	s a child, law little of parenday (i. 5.4)				
			Amount of	In-kind contribution	
Date	Full name of contributorout-of-state PAC (ID#:		contribution (\$)	description(if applicable)	
9-27-00	Colbert, Freeman & Stribling				
9-27 00	Contributor address; City; State: Zip Code			, 	
	400 West 14th Street, Suite 120	)		1 1	
	Austin, TX 78701		\$250.00		
Contributor's	principal occupation	Contributor's job	o title		
Law Firm					
	employer/law firm	Law firm of cont	tributor's spouse (if an	ıy)	
<b>G</b> 02		<u> </u>			
If contributor	is a child, law firm of parent(s) (if any)				
			4	In-kind contribution	
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	description(if applicable)	
				1	
9-27-00	Harrison & Rial, L.L.P.		•		
	Contributor address; City; State; Zip Code			Ì	
	100 Congress Avenue, Suite 155	U	\$100.00		
	Austin, TX 78701		\$100.00	1	
		Contributor's jo	ob title .		
	principal occupation				
Law Firm		Law firm of con	tributor's spouse (if a	ny)	
	employer/law firm	· · · · · · · · · · · · · · · · · · ·			
If contributor	is a child, law firm of parent(s) (if any)	·			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Austin, Texas 78711-2070

#### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

1-800-325-8506

			4 Total sees Sabe	dule A/ D:
The Instruction	он Guide explains how to complete this form.	"	1 Total pages Sche	oue A(J).
			3 ACCOUNT # (Et	Commission filers)
2 FILER NAME			00020024	MCS CONTINUES ( INSC. s.)
Judge Marga	aret A. Cooper		00020024	
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
9-27-00	The Sharp Firm			i
	6 Contributor address: City: State: Zip Code 3701 N. Lamar, Suite 302 Austin, TX 78705		\$500.00	]
9 Contributor's	principal occupation -	10 Contributor's job	title	
Law Firm			in the secure of an	n.A
11 Contributors	employer/law firm	12 Law firm of contri	ipnioi a ahonae ( +	
13 If contributor i	is a child, law firm of parent(s) (if any)			
Date	Full name of contributor		Amount of	In-kind contribution description(if applicable)
9-29-00	Bankston & Richardson, L.L.P.		contribution (\$)	describation abbuses,
<del>5-</del> 25 .00			1	
	Contributor address: City: State: Zip Code 400 West 15th Street, Suite 710	)		
	Austin, TX 78701	,	\$250.00	
	Austri, in 7075			<u> </u>
Contributor's	principal occupation	Contributor's job	title	
Law Firm		to a contributor's populae (if any)		
Contributor's	employer/law firm	Law firm of contributor's spouse (if any)		
If contributor	is a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (IDIF		Amount of contribution (\$)	In-kind contribution description(if applicable)
9-5-00	John Campbell			1
	Contributor address: City; State; Zip Code		-	Í
	805 West 10th Street		\$500.00	
	Austin, TX 78701		1	
C - neibude de	- incided assumption	Contributor's job	) title	
Attorney	principal occupation			
Contributor's	employer/naw firm	Law firm of contributor's spouse (if any)		
	is a child, law firm of parent(s) (if any)			

1-800-325-8506

#### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

			<del></del>			
	The Instruction Guide explains how to complete this form.			1 Total pages Sche		
2	FILER NAME			3 ACCOUNT # (Ethics Commission filers)		
-		rgaret A. Cooper		00020024		
4	Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (S)	8 In-kind contribution description(if applicable)	
	9-25-00	Rosenthal & Watson		 	1	
		6 Contributor address: City: State: Zip Code 1010 Land Creek Cove, Suite 20 Austin, TX 78746	00	\$1,000.00	<u> </u>	
9	9 Contributor's principal occupation 10 Contributor's job Law Firm			itte		
11	11 Contributor's employer/law firm 12 Law firm of $\infty$			butor's spouse (if an	у)	
1:	If contributor is	a child, law firm of parent(s) (if any)				
=	Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)	
	9-25 <del>-</del> 00	Walter J. Batla  Contributor address: City: State: Zip Code  800 Brazos St., Suite 1400  Austin, TX 78701		\$100.00	 	
	Contributor's a	onncipal occupation	Contributor's job	Contributor's job title		
		employer/law firm Batla, P.C.	Law firm of contri	Law firm of contributor's spouse (if any)		
		s a child, law firm of parent(s) (if affy)				
F	Date	Full name of contributorout-of-state PAC (IDS:		Amount of contribution (\$)	In-kind contribution description(if applicable)	
		Contributor address; City, State; Zip Code		1		
$\vdash$	Contributor's (	principal occupation	Contributor's job	title		
-	Contributor's	employer/law firm	Law firm of contr	ibutor's spouse (if a	ny)	
-	If contributor i	s a child, law firm of parent(s) (if any)				
1						

s Ethics Com	mission P.O. Box 12070 Austin, Texas		(512) 463-5800	1-800-325-85
	CAL EXPENDITURES		sc	HEDULE F
The Instruction	GUIDE explains how to complete this form.		1 Total pages Schedule 6	F:
FILER NAME			3 ACCOUNT # (Etnics Co	ommission filers)
Judge Marg	garet A. Cooper		7	Amount
Date	5 Payee name		'	(\$)
7-7-00	Travis County Democratic Party			
i	6 Payee address; City; State; Zip Code P. O. Box 684263	* *		
	Austin, TX 78768-4263		\$5	,000.00
required.)	ment (See instructions regarding type of information	9 Complete if di Candidate / Officeholder r	irect expenditure to benefit teme Office sough	C/OH Office hel
GOIV COOM	dinated Campaign			
Date	Payee name			Amount (\$)
7-7-00	David Butts			(0)
7-7-00	Payee address; City; State; Zip Code	*******		
	1914 Patton Lane Austin, TX 78723		\$75	50.00
	ment (See instructions regarding type of information	Complete if d	firect expenditure to benefit	
required.)	ment (See instructions regarding type of information and Services			
required.) Profession	nal Services			nt Office h
required.)	Payee name National Association of Women	Candidate / Officeholder Judges		int Office h
required.) Professio	nal Services Payee name	Candidate / Officeholder Judges	name Office sour	nt Office h
Profession  Date 7-11-00	Payee name National Association of Women Payee address: City: State: Zip Code P. O. Box 8798 Williamsburg, VA 23187  yment (See instructions regarding type of information	Candidate / Officeholder Judges	\$10	Amount (\$)
Purpose of parequired.)	Payee name National Association of Women Payee address: City: State: Zip Code P. O. Box 8798 Williamsburg, VA 23187  yment (See instructions regarding type of information	Judges Complete if	\$10	Amount (\$)  Oncorr
Purpose of parequired.)  Annual di	Payee name National Association of Women Payee address; City: State: Zip Code P. O. Box 8798 Williamsburg, VA 23187  yment (See instructions regarding type of information nes  Payee name Southwestern Bell Telephone	Candidate / Officeholder  Judges  - Complete if Candidate / Officeholder	\$10	Amount (\$)
Purpose of parequired.)  Annual du	Payee name National Association of Women Payee address: City: State: Zip Code P. O. Box 8798 Williamsburg, VA 23187  yment (See instructions regarding type of information nes	Candidate / Officeholder  Judges  - Complete if Candidate / Officeholder	specification of the source of	Amount (\$)  Oncorr
Purpose of parequired.)  Purpose of parequired.)  Purpose of parequired.	Payee name National Association of Women Payee address: City: State: Zip Code P. O. Box 8798 Williamsburg, VA 23187  yment (See instructions regarding type of information les  Payee name Southwestern Bell Telephone Payee address: City: State: Zip Code P. O. Box 4844	Judges  Complete if Candidate / Officeholder	slidirect expenditure to beneficial sources of the second	Amount (\$)  OO.OO  Amount (\$)  Amount (\$)

Fevrage 54/04/2000

Science on serviced paper

\$ B

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

as Ethics Cor	nmission P.O. Box 12070 Austin, Texas	78711-2070	(512) 46	3-5800 1-800-3	25-85
	CAL EXPENDITURES			SCHEDULE	F
<u> </u>			1 Total pages	Schedule F:	
The Instruction	ом Guide explains how to complete this form.			6	
FILER NAM	E		3 ACCOUNT	(Ethics Commission filers)	
	garet A. Cooper		000200		
Date	5 Payee name		İ	7 Amount (\$)	
7-21-00	South Austin Democrats				
	6 Payee address; City; State; Zip Code				
	P. O. Box 152592				
	Austin, TX 78715-2592			\$100.00	
Purpose of pa	yment (See instructions regarding type of information	9 Complete if dir Candidate / Officeholder na		to benefit C/OH Office sought O	ffice he
Event spo	onsorship				
Date	Payee name			Amount (\$)	
8-5-00	Southwestern Bell Telephone Co	•		(4)	
0.7 00	Payee address: City: State; Zip Code	••••			
	P. O. Box 4844			220 28	
	Houston, TX 77097			\$20.38	
Purpose of pri	ayment (See instructions regarding type of information	- Complete if di		to benefit C/OH Office sought	Office h
	telephone				
Date	Payee name			Amount (\$)	
8-12-00	David Butts			] (")	
0 12 00	Payee address: City; State; Zip Code			]	
	1914 Patton Lane			\$750.00	
	Austin, TX 78723			\$730.00	
	ayment (See instructions regarding type of information	Complete if d		e to benefit C/OH	Office
required.) Professi	onal services				
				Amount	
Deta	Pavee name				
Date Date	Payee name McCallym Band Daronts Assoc			(\$)	
Date 8-16-00	Payee name  McCallum Band Parents Assoc.  Payee address: City: State: Zip Code	· · · · · · · · · · · · · · · · · · ·		(3)	
	McCallum Band Parents Assoc.  Payee address: City: State: Zip Code  2701 Cascade Drive	······································			
	McCallum Band Parents Assoc.  Payee address: City, State; Zip Code	· •		\$100.00	
8-16-00	McCallum Band Parents Assoc.  Payee address: City: State: Zip Code  2701 Cascade Drive				Office
8-16-00	McCallum Band Parents Assoc.  Payee address: City: State: Zip Code  2701 Cascade Drive Austin, TX 78757  Dayment (See instructions regarding type of information	⊷ Complete if o		\$100.00	Office

america on recycled paper

#### Texas Ethics Commission SCHEDULE F POLITICAL EXPENDITURES Total pages Schedule F: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME 00020024 Judge Margaret A. Cooper Amount 5 Payee name (\$) Leukemia Society 9-11-00 City; State; Zip Code 6 Payee address; \$100.00 c/o Katy Kappell P. O. Box 1495 Austin, TX 78701 - Complete if direct expenditure to benefit C/OH --Purpose of payment (See instructions regarding type of information Office held Candidate / Officeholder name Office sought required.) Event sponsor Amount Payee name Date (5) Austin Centre/Omni Hotel Garage 8-24-00 City; State; Zip Code Pavee address: 701 Brazos St. \$11.00 Austin, TX 78701 - Complete if direct expenditure to benefit C/OH -Purpose of payment (See instructions regarding type of information Office held Candidate / Officeholder name required.) Parking for CADW event **Amount** Payee name Date (\$) Southwestern Bell Telephone 9-12-00 City: State 2 Zip Code Payee address; P. O. Box 4844 \$20.38 Houston, TX 77097 - Complete if direct expenditure to benefit C/OH -Purpose of payment (See instructions regarding type of information Office held Candidate / Officeholder name required.) Campaign telephone service Amount Payee name (\$) Date 9-12-00 RBH Direct City; State; Zip Code Payee address: P. O. Box 2382 \$4,595.00 Austin, TX 78768 - Complete if direct expenditure to benefit C/OH -Purpose of payment (See instructions regarding type of information Office held Candidate / Officeholder name required.) Event invitation & mailing ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

as Ethics Con		<del></del>			
POLITIC	CAL EXPENDITURES			SCHEDULE	E F
	,				
			1 Total pages S	Schedule F:	
The Instruction	N Guide explains how to complete this form.			6	
FILER NAME			3 ACCOUNT#	(Ethics Commission filers)	
			0002002	4	_
Date	aret A. Cooper  5 Payee name			7 Amount	
Date				(\$)	
9-15-00	Robert W. Calvert American Inns				
	6 Payee address; City: State; Zip Code C/O Richel Rivers				
	98 San Jacinto Street			\$250.00	
•	Austin, TX 78701				
		9 - Complete if d	lirect expenditure t	to benefit C/OH	
Purpose of pay required.)	yment (See instructions regarding type of information	Candidate / Officeholder (		Office sought O	Mice
Annual due	<b>35</b>				
	Payee name			Amount	
Date 9-15-00	TCBA/AYLA Foundation			<b>(S</b> )	
9-15-00					
	Payee address: City; State; Zip Code				
	700 Lavaca, Suite 620			\$75.00	
	700 Lavaca, Suite 620 Austin, TX 78701			\$75.00	
	Austin, TX 78701	Complete if	direct expenditure		
Purpose of par		Complete if c	direct expenditure	to benefit C/OH	Office
required.)	Austin, TX 78701  yment (See instructions regarding type of information			to benefit C/OH	Office
	Austin, TX 78701  yment (See instructions regarding type of information			to benefit C/OH	Office
required.)	Austin, TX 78701  yment (See instructions regarding type of information			to benefit C/OH	Office
Program ac	Austin, TX 78701  yment (See instructions regarding type of information  d			to benefit C/OH Office sought C	Office
required.) Program a	Austin, TX 78701  yment (See instructions regarding type of information  d  Payee name  U.S. Postmaster  Payee address; City: State, Zip Code	Candidate / Officeholder		to benefit C/OH Office sought C	Office
Program ac	Austin, TX 78701  yment (See instructions regarding type of information  d  Payee name  U.S. Postmaster  Payee address: City: State, Zip Code Northcross Station	Candidate / Officeholder		to benefit C/OH Office sought C	Office
Program ac	Austin, TX 78701  yment (See instructions regarding type of information  d  Payee name  U.S. Postmaster  Payee address; City: State, Zip Code	Candidate / Officeholder		to benefit C/OH Office sought C  Amount (\$)	Office
Program ac Date 9-23-00	Austin, TX 78701  yment (See instructions regarding type of information  d  Payee name  U.S. Postmaster  Payee address: City: State! Zip Code Northcross Station Austin, TX 78757	Candidate / Officeholder	name	Amount (\$)	Office
Program acDate 9-23-00	Austin, TX 78701  yment (See instructions regarding type of information  d  Payee name  U.S. Postmaster  Payee address: City: State, Zip Code Northcross Station	Candidate / Officeholder	name	Amount (\$)	
Purpose of parequired.)	Austin, TX 78701  yment (See instructions regarding type of information  d  Payee name  U.S. Postmaster  Payee address: City: State! Zip Code Northcross Station Austin, TX 78757	Candidate / Officeholder	name	Amount (\$)	
Program as Date 9-23-00	Austin, TX 78701  yment (See instructions regarding type of information  d  Payee name  U.S. Postmaster  Payee address: City: State! Zip Code Northcross Station Austin, TX 78757	Candidate / Officeholder	name	Amount (\$)	-
Program as Date 9-23-00 Purpose of parequired.)	Austin, TX 78701  yment (See instructions regarding type of information  d  Payee name  U.S. Postmaster  Payee address: City: State Zip Code Northcross Station Austin, TX 78757	Candidate / Officeholder	name	Amount (\$)  to benefit C/OH Office sought C	
Program as Date 9-23-00 Purpose of parequired.)  postage	Austin, TX 78701  yment (See instructions regarding type of information  d  Payee name  U.S. Postmaster  Payee address: City: State! Zip Code Northcross Station Austin, TX 78757   syment (See instructions regarding type of information	Candidate / Officeholder	name	Amount (\$) \$33.00	
Program as Date 9-23-00 Purpose of parequired.)	Austin, TX 78701  yment (See instructions regarding type of information  d  Payee name  U.S. Postmaster  Payee address: City: State! Zip Code Northcross Station Austin, TX 78757   syment (See instructions regarding type of information  Payee name David Butts	Candidate / Officeholder  Complete if Candidate / Officeholder	name	Amount (\$)  to benefit C/OH Office sought C	
Program as Date 9-23-00 Purpose of parequired.)  postage	Austin, TX 78701  yment (See instructions regarding type of information  d  Payee name  U.S. Postmaster  Payee address: City: State! Zip Code Northcross Station Austin, TX 78757   yment (See instructions regarding type of information  Payee name  David Butts  Payee address: City: State: Zip Code	Candidate / Officeholder  Complete if Candidate / Officeholder	name	Amount (\$)  Amount (\$)  Amount (\$)	
Program as Date 9-23-00 Purpose of parequired.)  postage	Austin, TX 78701  yment (See instructions regarding type of information  Payee name  U.S. Postmaster  Payee address: City: State Zip Code Northcross Station Austin, TX 78757   yment (See instructions regarding type of information  Payee name  David Butts  Payee address: City: State: Zip Code 1914 Patton Lane	Candidate / Officeholder  Complete if Candidate / Officeholder	name	Amount (\$)  to benefit C/OH Office sought C	
Program as Date 9-23-00 Purpose of parequired.)  postage	Austin, TX 78701  yment (See instructions regarding type of information  d  Payee name  U.S. Postmaster  Payee address: City: State: Zip Code Northcross Station Austin, TX 78757  syment (See instructions regarding type of information  Payee name  David Butts  Payee address: City: State: Zip Code 1914 Patton Lane Austin, TX 78723	Candidate / Officeholder  Complete if Candidate / Officeholder	name	Amount (\$)  Amount (\$)  Amount (\$)	
Program as Date 9-23-00 Purpose of parequired.)  Postage Date 9-25-00	Austin, TX 78701  yment (See instructions regarding type of information  d  Payee name  U.S. Postmaster  Payee address: City: State Zip Code Northcross Station Austin, TX 78757   yment (See instructions regarding type of information  Payee name  David Butts  Payee address: City: State: Zip Code 1914 Patton Lane Austin, TX 78723	Candidate / Officeholder  - Complete if Candidate / Officeholder	direct expenditure	Amount (\$)  Amount (\$)  Amount (\$)	Office
Program as Date 9-23-00 Purpose of parequired.)  Postage Date 9-25-00	Austin, TX 78701  yment (See instructions regarding type of information  d  Payee name  U.S. Postmaster  Payee address: City: State: Zip Code Northcross Station Austin, TX 78757  syment (See instructions regarding type of information  Payee name  David Butts  Payee address: City: State: Zip Code 1914 Patton Lane Austin, TX 78723	Candidate / Officeholder  - Complete if Candidate / Officeholder	direct expenditure	Amount (\$)  \$33.00  to benefit C/OH Office sought (\$)  Amount (\$)	Offici
Purpose of parequired.)  Purpose of parequired.)  Purpose of parequired.)	Austin, TX 78701  yment (See instructions regarding type of information  d  Payee name  U.S. Postmaster  Payee address: City: State Zip Code Northcross Station Austin, TX 78757   yment (See instructions regarding type of information  Payee name  David Butts  Payee address: City: State: Zip Code 1914 Patton Lane Austin, TX 78723	Candidate / Officeholder  - Complete if Candidate / Officeholder	direct expenditure	Amount (\$)  \$33.00  to benefit C/OH Office sought  Amount (\$)  \$750.00	

as Ethics Con	nmission P.O. Box 12070 Austin, Texas 7	78711-2070	(512) 463-5800	1-800-325-85
	CAL EXPENDITURES		so	HEDULE F
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages Schedule 6	F:
FILER NAME	garet A. Cooper		3 ACCOUNT# (Ethics C 00020024	ommission filers)
Date	5 Payee name	1	7	Amount (\$)
9-26-00	Date Court		\$33	2.50
required.)	yment (See instructions regarding type of information	9 Complete if di Candidate / Officeholder n	irect expenditure to benefi same Office soug	t C/OH ++* ht Office he
Professio	onal Services			
Date	Payee name			Amount (\$)
Purpose of pa required.)	ayment (See instructions regarding type of information	- Complete if Candidate / Officeholder	lirect expenditure to benet name Office sou	it C/OH ↔ ght Office h
Date	Payee name			Amount (\$)
	Payee address; City; State; Zip Code			
Purpose of pa	ayment (See instructions regarding type of information	Complete if Candidate / Officaholder	direct expenditure to bene name Office so	fit C/OH • Office
,				
Date	Payee name			Amount (\$)
	Payee address; City; State; Zip Code			
		•		
Purpose of p required.)	payment (See instructions regarding type of information	Complete if Candidate / Officeholde	direct expenditure to ben r name Office sc	efit C/OH sught Office
	ATTACH ADDITIONAL COPI	ES OF THIS FORM AS	NEEDED	

14.1

	N GUIDE EXPLAINS how to complete this form.	1 Total pages Scheo	ule G.	
The Instruction	N GOIGE EXPLAINS	3 ACCOUNT # (Em	es Comm	ission (Acrs)
FILER NAMI Judge M	argaret A. Cooper	00020024	8	Amount
Date 8-24-00	Austin Centre/Omni Hotel Garage  6 Payee address: City: State. Zip Code 701 Brazos Street Austin, TX 78701  7 Purpose of expenditure Parking for CADW event		X	\$11.00 Reimpursement from political contributions intended
Date	Payee name  Payee address City: State. Zip Code			Amount (\$)
·	Purpose of expenditure			Reimbursement from political contributions intended
Sate	Payee name  City. State. Zip Code			Amoun( (\$)
	Purpose of expenditure			Reimbursement from political contributions intended
				Amount (\$)
⊖ale	Payee name  Payee address. City: State. Zip Code  Purpose of expenditure			Reimbursement from political contributions intended
		·	<del></del>	Amount (\$)
Date	Payee name  Payee address: City: State: Zip Code  Purpose of expenditure	-		Reimpursement from political continguism

\*\* \*\*\*

ne Instruction Guide exp	plains how to complete this for	m.	1 Total pages this Schedule M:
ILER NAME	<u>.</u> .		3 ACCOUNT # (Etnics Commission filers)
Judge Margare	+ A Cooper		00020024
Description of Asset	C A. COMPA		
Computer equ	ipment		
Description of Asset			,
		· ·	
Description of Asset			
	·		· · · · · · · · · · · · · · · · · · ·
Description of Asset			
Description of Asset			
Description of Asset			
Description of Asset			
		,	
Description of Asset			
Description of Asset			
Description of Asset	,		
Description of Asset			
Description of Asset			
Description of Asset	<u>.</u>		
•		٠	
Description of Asset			
,	<i></i>		